

STATE OF CALIFORNIA  
BUSINESS, TRANSPORTATION AND HOUSING AGENCY  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF CODES AND STANDARDS  
REGISTRATION AND TITLING PROGRAM



**SERIAL NUMBER ASSIGNMENT  
TRUCK CAMPER OR FLOATING HOME**

**SECTION I. ASSIGNMENT OF SERIAL NUMBER BY THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (To Be Completed by the Department)**

1. This unit is a: ☐ Truck Camper ☐ Floating Home

2. Description of unit to which serial number is assigned:

Decal, License, or CF Number, if any:	Make or Model:
Year of Manufacture:	Manufacturer's Name:
Width (in inches):	Length (in inches):

3. Serial Number Assigned:

The serial number listed in number 3., is issued for the unit described above and shall not be re-assigned to any other unit. You are hereby instructed to permanently affix this serial number to the unit in a manner consistent with instructions listed in Section II.

\_\_\_\_\_  
Signature of HCD Representative

\_\_\_\_\_  
Date

**SECTION II. INSTRUCTIONS FOR AFFIXING THE SERIAL NUMBER**

1. Truck Camper - The assigned serial number must be stamped, burned, or otherwise permanently inscribed on the interior of the unit in a location under the dining seat area
2. Floating Home - The assigned serial number must be permanently affixed to the unit in an area bounded by four (4) feet above or below and to the left of the threshold for the primary egress to the floating home. If the area where the assigned number is to be affixed is metal, the number may be dye stamped in characters 3/4 of an inch high or larger. If the area is wood, the numbers may be carved, stamped, burned, or otherwise permanently affixed.

**SECTION III. CERTIFICATION**

I/We, the undersigned, hereby state that the serial number listed above has been permanently affixed to the unit in accordance with the instructions provided in Section II of this form. I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
Date City State

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address or P. O. Box City State Zip